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By email: [REDACTED]

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17th June 2021

Dear Mr Osborn

Thank you for your letter of 16th May 2021. I apologise for the delay in responding. Our CEO Sarah Albon has asked me, as acting lead of HSE Health and Social Care Services Sector, to respond to you on her behalf.

I can advise that HSE are not involved in directing, influencing, or supporting PHE/DHSC PPE policy in relation to the [COVID-19 infection prevention and control guidance](#) for healthcare settings. The Department of Health & Social Care (DHSC), working closely with Public Health England (PHE) and the devolved administrations, is the lead Government department for the UK response. It is those bodies who are responsible for developing and publishing the guidance that is agreed and applied across the four nations.

HSE has been consulted and provided technical input on request to those responsible for the guidance; HSE is not however responsible for or has 'approved' the guidance. HSE does consider if an employer is following current official public health guidance relevant to their sector for controlling exposure to Covid-19, they will be taking, under health and safety legislation, reasonably practicable precautions to control the risk.

Thank you for enquiring with us on our position on sharing correspondence. While I can advise that we have no objection to you sharing, I would be grateful if you please redact any personal data before sharing with a third party, in accordance with the General Data Protection Regulations

To address further queries in your letter:

1) HSE Research Report RR619

We have corresponded on this at length and have shared with you our position. We therefore in the main have nothing further to add. However, I would make the following two points:

a) I wish to recognise and correct part of our previous response that you have kindly pointed out. We wrote that the Current Four Nations COVID-19 Infection Prevention and Control (IPC) guidance for healthcare settings recommends “*the use of FFP3 masks when providing direct patient care and performing aerosol generating procedures (AGPs) to possible or confirmed cases of COVID-19*”.

I recognise the sentence provided is misleading. To confirm, HSE is clear that the current guidance recommendations for FFP3 masks are only for when AGPs are performed.

b) In your letter you make further reference to one of RR619’s conclusions in relation to the efficacy of surgical masks against infectious aerosols.

As stated in our previous reply, it is not within the scope of RR619 to determine what an infectious aerosol is in relation to COVID-19. To clarify, the official [COVID-19 infection prevention and control guidance](#) provides the list of AGPs that are considered to be, in the words of the guidance, “the list of medical procedures for COVID-19 that have been reported to be aerosol generating and are associated with an increased risk of respiratory transmission”. It is therefore when these procedures are performed that the guidance currently considers requires FFP3 masks to be worn rather than surgical masks.

I would also note that, as of writing, [WHO guidance on mask use](#) for healthcare continues to recommend respirators only for when AGPs are performed.

2) Freedom of Information Request

HSE is not responsible, as previously stated, for developing or publishing the official COVID-19 IPC guidance.

We have considered the ARHAI statements further, and we agree that the lines quoted in your letter appear misleading. We therefore intend to contact ARHAI to clarify. Thank you for once again bringing these to our attention.

3) Comment on SAGE paper S1169 Facemasks for health care workers.

Thank you for your extensive comments on the above SAGE paper. However, this is not for HSE to comment on. You may wish to contact SAGE direct through their COVID-19 mail box at sagecovid@go-science.gov.uk

Thank you once again for contacting HSE

Yours sincerely,

Martin McMahon

HM Inspector of Health and Safety

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